

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 29 1955

STANDARD CERTIFICATE OF DEATH

5295 State File No. 36313

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>74</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CONCORD</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CONCORD TWP. MO.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. I Plattsburg MO</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. I Plattsburg MO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>JANE</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 11 1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec 31 1869</u>			
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>		IF UNDER 4 HRS. Hours <u>10</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Levi Finkenbinder</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Mentzer</u>		14. NAME OF HUSBAND OR WIFE <u>Mack Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROMA JONES</u> ADDRESS <u>Plattsburg MO.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio + other. sclerosis generalized</u>				ANTECEDENT CAUSES				15-20 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
				DUE TO (c) _____				4500	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration + malnutrition</u>				3 mo	
				<u>diabetes ulcer</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Sept</u> , 1954, to <u>Nov. 11</u> , 1955, that I last saw the deceased alive on <u>Nov. 11</u> , 1955, and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John P. Mahney M.D.</u>				23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>Nov. 12, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENHAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 16-55</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u>		4417		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u> ADDRESS <u>Plattsburg MO.</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Phillips E. Cox <sup>576</sup>

Student Embalmer No. 518

working under my personal supervision.

Student Phillips E. Cox  
Student Embalmer

Signed Danell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.